



# COUNTY OF LOS ANGELES TREASURER AND TAX COLLECTOR

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**MARK J. SALADINO**  
TREASURER AND TAX COLLECTOR

December 4, 2012

The Honorable Board of Supervisors  
County of Los Angeles  
Kenneth Hahn Hall of Administration  
500 West Temple Street, Room 383  
Los Angeles, CA 90012

Dear Supervisors:

**DEPARTMENT OF TREASURER AND TAX COLLECTOR  
REQUEST TO ACCEPT COMPROMISE OFFERS OF SETTLEMENT  
(ALL DISTRICTS AFFECTED)  
(3 VOTES)**

**SUBJECT**

Individuals who were injured in a third party compensatory accident received medical care at a County facility. The Treasurer and Tax Collector entered into negotiations with the liable parties and reached a settlement agreement.

**IT IS RECOMMENDED THAT YOUR BOARD:**

Pursuant to Section 1473 of the Health and Safety Code, authorize acceptance of the compromise offers of settlement from the following individuals who were injured in a third party compensatory accident and who received medical care at a County facility:

1. Account Number 12616114 in amount of \$3,544.70
2. Account Number 12550583 in amount of \$293,165.00
3. Account Number 12506091 in amount of \$28,961.03
4. Account Number 12491203 in amount of \$1,591.22
5. Account Number 12642156 in amount of \$4,228.28

**PURPOSE/JUSTIFICATION OF RECOMMENDED ACTION**

The best interest of the County would be served by the approval of this recommendation and the County Counsel concurs. The compromise offers of settlement are recommended because the patients, estates, or legally responsible relatives are unable to pay the charges.

**ADOPTED**

BOARD OF SUPERVISORS  
COUNTY OF LOS ANGELES

19 December 4, 2012

*Sachi A. Hamai*  
SACHI A. HAMAI  
EXECUTIVE OFFICER

**IMPLEMENTATION OF STRATEGIC PLAN GOALS**

This action is consistent with the Countywide Strategic Plan Goal of Fiscal Sustainability in pursuing collection of charges owed for County services.

**FISCAL IMPACT/FINANCING**

The County will recover partial payment from a third party against debts, otherwise uncollectible due to the limited financial resources of the individuals who received the medical care.

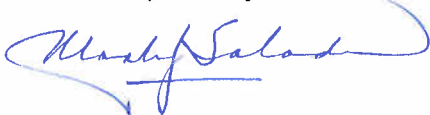
**FACTS AND PROVISIONS/LEGAL REQUIREMENTS**

Not applicable.

**IMPACT ON CURRENT SERVICES (OR PROJECTS)**

No impact.

Respectfully submitted,



MARK J. SALADINO  
Treasurer and Tax Collector

MJS:FR:efh  
Z: COMP. 121

Attachments (5)

c: Chief Executive Officer  
Auditor-Controller  
County Counsel

APPROVED  
John Krattli  
County Counsel

by   
Deputy County Counsel

### DATA FOR COMPROMISE SETTLEMENT

COUNTY OF LOS ANGELES  
TREASURER AND TAX COLLECTOR

TRANSMITTAL NO.121A

Amount of Aid	\$12,333.00	Account Number	12616114
Amount Paid	0.00	Name	Adult Male
Balance Due	12,333.00	Service Date	11/09/11 thru 01/03/12
Compromise Amount Offered	3,544.70	Facility	Harbor UCLA Medical Center
Amount to be Written Off	\$ 8,788.30	Service Type	Inpatient/Outpatient

### JUSTIFICATION

The client was involved in an automobile versus automobile accident. He was treated at Harbor UCLA Medical Center at a cost of \$12,333.00. There was no Medi-Cal or private insurance involvement.

The attorney has settled the case for the amount of \$15,000.00 and proposes the following disbursement:

Disbursements	Total Claim	Proposed Settlement	Percent of Settlement
Attorney Fees	\$ 5,000.00	\$ 5,000.00	33.33%
Attorney Cost	150.00	150.00	1.00%
St. Francis Medical Center	2,603.00	731.00	4.87%
St. Francis Radiology	36.00	10.00	0.07%
Paramount Physicians	2,250.00	632.00	4.21%
County of Los Angeles	12,333.00	3,544.70	23.63%
Net to Client	N/A	4,932.30	32.89%
<b>Total</b>	<b>\$22,372.00</b>	<b>\$15,000.00</b>	<b>100.00%</b>

Our financial investigation reveals that the client supports himself with a marginal income and resides with his parents. He has no other source of income or tangible assets.

### DATA FOR COMPROMISE SETTLEMENT

COUNTY OF LOS ANGELES  
TREASURER AND TAX COLLECTOR

TRANSMITTAL NO.121B

Amount of Aid	\$1,186,999.00	Account Number	12550583
Amount Paid	0.00	Name	Adult Male
Balance Due	1,186,999.00	Service Date	12/31/10 thru 08/04/11
Compromise Amount Offered	293,165.00	Facility	LAC USC Medical Center
Amount to be Written Off	\$ 893,834.00	Service Type	Inpatient/Outpatient

### JUSTIFICATION

The client was involved in an automobile versus automobile accident. He was treated at LAC USC Medical Center at a cost of \$1,186,999.00. There was no Medi-Cal or private insurance involvement.

The attorney has settled the case for the amount of \$1,000,000.00 and proposes the following disbursement:

Disbursements	Total Claim	Proposed Settlement	Percent of Settlement
Attorney Fees	\$ 450,000.00	\$ 450,000.00	45.00%
Attorney Cost	116,795.51	116,795.51	11.68%
Los Angeles County Fire Department	1,995.00	1,995.00	0.20%
California Orthopedic Institute	1,885.00	1,000.00	0.10%
Arthur Kreitenburg, M.D.	1,100.00	700.00	0.07%
County of Los Angeles	1,186,999.00	293,165.00	29.32%
Net to Client	N/A	136,344.49	13.63%
<b>Total</b>	<b>\$1,758,774.51</b>	<b>\$1,000,000.00</b>	<b>100.00%</b>

Our review of the attorney fees and cost has determined that these charges are justified due to the expenses and the court time required for this case.

Our financial investigation reveals that the client is unemployed and receives public assistance. He has no other source of income or tangible assets.

## DATA FOR COMPROMISE SETTLEMENT

COUNTY OF LOS ANGELES  
TREASURER AND TAX COLLECTOR

TRANSMITTAL NO.121C

Amount of Aid	\$160,127.00	Account Number	12506091
Amount Paid	0.00	Name	Adult Female
Balance Due	160,127.00	Service Date	03/10/11 thru 04/05/11
Compromise Amount Offered	28,961.03	Facility	LAC USC Medical Center
Amount to be Written Off	\$131,165.97	Service Type	Inpatient/Outpatient

## JUSTIFICATION

The client was involved in a slip and fall accident. She was treated at LAC USC Medical Center at a cost of \$160,127.00. Medi-Cal covered three outpatient charges.

The attorney has settled the case for the amount of \$100,000.00 and proposes the following disbursement:

Disbursements	Total Claim	Proposed Settlement	Percent of Settlement
Attorney Fees	\$ 45,000.00	\$ 45,000.00	45.00%
Attorney Cost	5,250.00	5,250.00	5.25%
California Department of Health Services	1,685.46	304.84	0.30%
Rehabilitation Clinic	8,568.00	1,549.63	1.55%
Gilbert Varela, M.D.	1,400.00	253.21	0.25%
Care Ambulance	1,558.00	281.78	0.28%
Chiropractic Center	4,900.75	886.36	0.89%
Brian Ballon, D.C.	2,195.00	396.99	0.40%
Acupuncture Wellness Center	12,763.30	2,308.43	2.31%
CMBS Inc.	9,995.00	1,807.73	1.81%
County of Los Angeles	160,127.00	28,961.03	28.96%
Net to Client	N/A	13,000.00	13.00%
<b>Total</b>	<b>\$253,442.51</b>	<b>\$100,000.00</b>	<b>100.00%</b>

Our financial investigation reveals that the client is unemployed and is supported by her spouse with a marginal income. She has no other source of income or tangible assets.

## DATA FOR COMPROMISE SETTLEMENT

COUNTY OF LOS ANGELES  
TREASURER AND TAX COLLECTOR

TRANSMITTAL NO.121D

Amount of Aid	\$9,030.00	Account Number	12491203
Amount Paid	0.00	Name	Adult Male
Balance Due	9,030.00	Service Date	05/25/11 thru 05/28/11
Compromise Amount Offered	1,591.22	Facility	Harbor UCLA Medical Center
Amount to be Written Off	\$7,438.78	Service Type	Outpatient

## JUSTIFICATION

The client was involved in an automobile versus automobile accident. He was treated at Harbor UCLA Medical Center at a cost of \$9,030.00. There was no Medi-Cal or private insurance involvement.

The attorney has settled the case for the amount of \$25,000.00 and proposes the following disbursement:

Disbursements	Total Claim	Proposed Settlement	Percent of Settlement
Attorney Fees	\$ 8,333.33	\$ 8,333.33	33.33%
Attorney Cost	215.69	215.69	0.86%
Memorial Hospital of Gardena	31,835.96	5,847.86	23.40%
Superior Care Medical	5,060.00	891.64	3.57%
County of Los Angeles	9,030.00	1,591.22	6.36%
Net to Client	N/A	8,120.26	32.48%
<b>Total</b>	<b>\$54,474.98</b>	<b>\$25,000.00</b>	<b>100.00%</b>

Our financial investigation reveals that the client is unemployed and is supported by various family members. He has no other source of income or tangible assets.



## DATA FOR COMPROMISE SETTLEMENT

COUNTY OF LOS ANGELES  
TREASURER AND TAX COLLECTOR

TRANSMITTAL NO.121E

Amount of Aid	\$18,690.00	Account Number	12642156
Amount Paid	0.00	Name	Adult Female
Balance Due	\$18,690.00	Service Date	04/06/11 thru 11/09/11
Compromise Amount Offered	\$4,228.28	Facility	Martin Luther King, Jr. Medical Center
Amount to be Written Off	\$14,461.72	Service Type	Outpatient

## JUSTIFICATION

The client was involved in an automobile versus automobile accident. She was treated at Martin Luther King, Jr. Medical Center at a cost of \$18,690.00. There was no Medi-Cal or private insurance involvement.

The attorney has settled the case for the amount of \$15,000.00 and proposes the following disbursement:

<b>Disbursements</b>	<b>Total Claim</b>	<b>Proposed Settlement</b>	<b>Percent of Settlement</b>
Attorney Fees	5,000.00	5,000.00	33.33%
Attorney Cost	0.00	0.00	0.00
Jae H. Park, Chiropractic	3,395.00	771.72	5.14%
County of Los Angeles	18,690.00	4,228.28	28.20%
Net to Client	N/A	5,000.00	33.33%
<b>Total</b>	<b>27,085.00</b>	<b>15,000.00</b>	<b>100.00%</b>

Our financial investigation reveals that the client is unemployed and receives social security benefits. She has no other source of income or tangible assets.